

## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-044351

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 11297

STATE FILE NUMBER

DO NOT WRITE  
ON THIS SUB

AMENDED

FILED NOV 30 1962

VS 300  
Rev. 4/59

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USE BLACK INK  
OR  
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

|   |   |   |  |
|---|---|---|--|
| 1. PLACE OF DEATH<br>a. COUNTY  |   | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE Missouri COUNTY   |  |
| b. CITY (If outside corporate limits, give TOWNSHIP only)<br>OR TOWN St. Louis  |   | Length of stay in 1b<br>1 year  |  |
| c. FULL NAME OF (IF NOT in hospital, give location)<br>HOSPITAL OR INSTITUTION 5910 Lalite Avenue   |   | d. STREET ADDRESS (If outside, give location)<br>5910 Lalite Avenue   |  |
| 3. NAME OF DECEASED<br>(Type or print)<br>First Edward Middle W Last Herpst   |   | 4. DATE OF DEATH<br>Month November Day 22 Year 1962   |  |
| 5. SEX<br>male  | 6. COLOR OR RACE<br>white   | 7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/><br>Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH<br>2-25-1891  |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life even if retired)<br>Shade Maker (Retired)   |   | 10b. KIND OF BUSINESS OR INDUSTRY<br>Victor Shade Co  | 11. BIRTHPLACE (City and state or country)<br>Litchfield, Illinois   |
| 13a. FATHER'S NAME<br>Louis Herpst  |   | 13b. MOTHER'S MAIDEN NAME<br>Elizabeth Brust  | 14. NAME OF HUSBAND OR WIFE<br>Adele Herpst  |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES?<br>(Yes, no or unknown) (If yes, give year or years of service)<br>Yes 1st World War  |   | 16. SOCIAL SECURITY NO.<br>[REDACTED]   | 17. INFORMANT<br>Mrs. Adele Herpst, 5910 Lalite Ave  |
| 18. CAUSE OF DEATH (Enter only one cause per line)<br>PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) Coronary Occlusion<br>Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Coronary Thrombosis<br>DUE TO (c) Arterio Sclerotic Heart disease |   |   | INTERVAL BETWEEN ONSET AND DEATH<br>10 min<br>3 yrs.<br>7 yrs.   |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)<br>Diabetes mellitus 420.0  |   |   | PART III. If deceased was female was there a pregnancy in last 90 days.<br><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown |
| 19. WAS AUTOPSY PERFORMED?<br>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>   | 20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)  |  |
| 20c. TIME OF INJURY<br>Hour a.m. Month, Day, Year   | 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>    |   |  |
| 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)  |   | 20f. CITY, TOWN, OR LOCATION COUNTY STATE   |  |
| 21. I attended the deceased from 1958 to Nov 27 and last saw him alive on Nov 22 1962<br>Death occurred at 9 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.  |   |   |  |
| 22a. SIGNATURE<br>Dr. C. N. Ludeman M.D.  |   | 22b. ADDRESS<br>4126 Shur Ave   |  |
| 22c. DATE SIGNED<br>11/24/62  |   |   |  |
| 23a. BURIAL, CREMATION, REMOVAL (Specify)<br>Removal  | 23b. DATE<br>Nov 26 1962  | 23c. NAME OF CEMETERY OR CREMATORY<br>St. Peter's Cemetery  | 23d. LOCATION (City, town, or county)<br>St. Louis County, Missouri  |
| 24. FUNERAL DIRECTOR<br>Math Hermann & Son, Inc., 2161 E. Fair Av<br>St. Louis 7, Missouri  |   | 25. DATE RECD. BY LOCAL REG.<br>NOV 26 1962   | 26. REGISTRAR'S SIGNATURE<br>Road Smith M.D.   |

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student \_\_\_\_\_

Signature of Student Embalmer

Signed \_\_\_\_\_

*W. J. Burnley*

Licensed Embalmer No. 4202

P. O. Address St. Louis, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.